

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/568566** FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5	3					
6	3					
7		1				
8	1					
9		1				
10		1				
11	3					
12	3					
13	1					
14		1				
15		1				
16		1				
17	3					
18	3					
19	3					
20	1					
21		1				
22		1				
23	1					
24	3					
25	3					
26	1					
27	1					
28	1					
29		1				
30		1				
31	1					
32	1					
33		1				
34	2					
35	1					
36		1				
37	2					
38	1					
39		1				
40	1					
41		1				
42	1					
43	1					
44	1					
45	1					
46		1				
47	1					
48		1				
49		1				
50	1					
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53		1				
54						
55						
56						
57						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		14	↓		↓	↓
TOTAL DEP.		61	←		←	←
TOTAL CLAIMS		75				